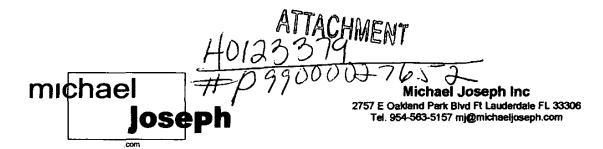
2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 09, 2007 8:00 am Secretary of State **DOCUMENT # P99000027652** 07-09-2007 90044 044 ***150.00 1. Entity Name MICHAEL JOSEPH, INC. Principal Place of Business Mailing Address 2437 N DIXIE HWY 2437 N DIXIE HWY 40123379 FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2757 E BAKCAND PK BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4 FEI Number LAUDERDALE 65-0909513 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCUDO JOSEPH, MICHAEL 2437 N DIXIE HWY FORT LAUDERDALE, FL 33305 2757 E MAKLAND PK BLVD FT VANDERDALE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept tule, typed or printed name of registered agent and trife if an (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change JOSEPH, MICHELL NAME JOSEPH, MICHAEL NAME 2757 EDAKLAND PK BLUP STREET ADDRESS 2437 N DIXIE HWY STREET ADORESS FORT LAUDERDALE, FL 33305 CITY-ST-ZIP CITY-ST-7/P 33366 AVDERDALL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ПΠЕ ☐ Change ■ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ПΠЕ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Channe NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED



Divisions of Corporations P O Box 1500 Tallahassee, FI 32302

2007 For Profit Annual Corporation Report

I have included a check for \$150.00; I had not received a Notice.

Thạnk you,

Michael Joseph, Pres. Michael Joseph Inc.